

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

980242

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		2		2		
4		2		2		
5		2		2		
6		2	1			
7	1		1			
8		1		1		
9	1					
10	1					
11	1					
12	1					
13	1					
14	1		1			
15	1					
16		2	1			
17		2	1			
18		2	1			
19		2	1			
20		2	1			
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29			1			
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48						
49						
50						
TOTAL IND.	↓		↓		↓	
TOTAL DEP.	↓		↓		↓	
TOTAL CLAIMS						

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52		1				
53						
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59		1				
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98						
99						
100						
TOTAL IND.	5		↓		↓	
TOTAL DEP.	53		↓		↓	
TOTAL CLAIMS	58					